

## **Provider Relief Fund**

## **Returning Funds Fact Sheet**

Recipients of Provider Relief Fund (PRF) payments, under several circumstances, are required to return funds to the U.S. Department of Health and Human Services (HHS)/Health Resources and Services Administration (HRSA).

### **Who Must Return Funds**

- Providers who rejected a payment in the <u>PRF Application and Attestation</u> Portal.
- Providers with remaining unused funds that cannot be expended on allowable expenses or lost revenues attributable to coronavirus by the applicable deadline to use funds for each reporting period.

### **Timeframe to Return**

Funds must be returned within:

- 15 calendar days of rejecting a PRF payment in the <u>Application and</u> Attestation Portal; or
- 2. **30 calendar days** after the end of the applicable **Reporting Time Period,** as explained in the Notice of Reporting Requirements, or applicable grace period.

# Failure to Return

HRSA will pursue enforcement actions – including repayment and/or debt collection – for any unreturned Provider Relief Fund payments.

### **ACH Returns**

Returning partial or total PRF payments is a twopart process:

- 1. Complete **an online form** via the <u>Return Unused</u> PRF Funds Portal.
- 2. **Transfer the funds** via Pay.gov or via check. Refer to the <u>instructions for returning unused</u> funds.

### **Returning Interest Earned**

If Provider Relief Fund payments were held in an interest-bearing account, the provider must return the accrued interest associated with the amount being returned to HHS. Steps for returning accrued interest can be found in the <a href="Frequently Asked Questions">Frequently Asked Questions</a>.

### **Check Returns**

Refund checks for the full amount should be made payable to <u>HRSA</u> and mailed via United States Postal Service (USPS) to:

United Health Group Attn: Provider Relief Fund PO Box 31376 Salt Lake City, UT 84131-0376

All checks and correspondence relating to the return of PRF funds must include:

- Provider's Name:
- Tax Identification Number (TIN); and
- CMS Certification Number (CCN).

TIN's should be clearly written on the check or included within a corresponding letter. Information on returning partial payments by check can be found in the Unused Funds FAQs

\*FedEx and UPS cannot be used with this PO-Box.

#### More Information

**Provider Support Line:** (866) 569-3522, for TTY dial 711. Hours of operation are 8 a.m. to 10 p.m. CT, Monday thru Friday.

PRF Webpage: www.hrsa.gov/provider-relief